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CARING IN FAMILIES

The family is the basic unit for mutual support and caring in Australian society. It is the single institution most responsible for the emotional, physical and financial needs of its members. Care within families is usually of a continuing although changing nature, and is available to each individual in the event of need. This article examines the contribution which families make in the provision of child care and care for those family members with a disability or handicap.

In this article, disability is defined as the presence of one or more of a selected group of limitations, restrictions or impairments which had lasted, or were likely to last, for a period of six months or more. A handicap is identified as a limitation in performing certain tasks associated with daily living; such as self-care, mobility, verbal communication, schooling, and employment.

A central theme underlying the role of caring is need: need for help with self-care, mobility and communication; need for adequate sleep and leisure, social interaction and access to income; need for support for carers. The family plays a fundamental role in providing assistance and support to those who require it, particularly people with disabilities, and children.

The ageing Australian population and the gradual shift away from large-scale residential care has placed more emphasis on the family as the primary provider of care for those with disabilities and handicaps. In 1993, 18% of Australians had a disability. Most of these people, 14% of the total population, had a handicap. Of those with a handicap, only 6% lived in establishments. Establishments are defined as hospitals, homes for the aged, nursing homes, hostels, and retirement villages which have a support component. Of those who lived in households, almost three-quarters (77%) of people with a handicap lived in families, 4% lived in a non-family household and 20% lived alone.

Among those with a handicap who lived in households and received care, almost all received some informal care from a family member (92%) or friend (19%). In 1993, more than two-thirds (69%) of those living in families compared with a little under a third (31%) of those living alone received informal assistance exclusively. Few relied only on formal assistance from a community organisation or health professional. This is more so for people living in a family and less so for people living alone, although a greater proportion of those living alone received informal help (75%) than formal help (69%). Some of these people (44%) received both informal help from family and friends and help from formal services. This highlights the significance of the assistance received from family members in the overall care of people with handicaps. It also reflects the complementary relationship which exists between informal care-givers and formal services.

7.16 Persons with a handicap who were living in households - type of assistance received, 1993

	Living arrangements			Total
	In a family	Not in a family(a)	Alone	
All persons with a handicap in households ('000)				
Received assistance	1,016.7	39.8	277.6	1,334.1
Did not receive assistance	800.9	32.7	189.5	1,023.1
Total	1,817.6	72.5	467.1	2,357.2
Received assistance (%)				
Informal assistance only	68.6	50.6	30.9	60.2
Formal assistance only	3.2	*18.1	24.8	8.1
Both informal & formal assistance	28.2	31.3	44.3	31.7
Total who received assistance	100.0	100.0	100.0	100.0

(a) Comprises unrelated individuals living together, or with families.

Source: Unpublished data from ABS Survey of Disability, Ageing and Carers, 1993.

Principal carers

The amount and nature of care given by carers varies according to the type of activity with which they help. The greatest amount of informal assistance for the activities of self care, mobility and verbal communication comes from principal carers. The role of principal carers is crucial in providing the personal and often demanding form of help needed by those with profound or severe handicaps. The 1993 ABS Survey of Disability, Ageing and Carers identifies the family as central in the provision of principal care.

In 1993, there were over half a million (541,200) principal carers for people with severe or profound handicaps, two-thirds of who were women (67%). Ninety-five per cent of principal carers were providing care to another family member, with over half caring for people aged 60 years and over.

The largest group of principal carers were providing care to a partner (42% of all principal carers). Nearly two-thirds of men and a third of women who were principal carers were involved in partner care. A high proportion of partners receiving and providing care were aged 60 years and over. In 1993, although over half of the recipients of principal care were aged 60 years and over, 42% of all male principal carers and 23% of all female principal carers were also in this age bracket.

Twenty-eight per cent of principal carers were providing care to a parent. This care was more often provided by a daughter (73%) than by a son (27%).

Over 89,000 principal carers were caring for a child aged 5 years and over with a disability. The majority (93%) of principal carers of children were mothers.

7.17 Principal carers - relationship of recipient of care to carer, 1993

Recipient of care				Carers
	Males (%)	Females (%)	Persons (%)	Total ('000)
Partner	60.7	33.4	42.3	229.1
Child	*3.8	22.7	16.5	89.3
Parent	22.9	30.3	27.9	150.9
Other	12.5	13.7	13.3	71.9
All principal carers	100.0	100.0	100.0	100.0
Number ('000)r	177.2	364.0	541.2	541.2

Source: Unpublished data from the ABS Survey of Disability, Ageing and Carers, 1993.

Caring for children

Children receive a great deal of care from their family, with the amount and type of care changing as the child grows. Parents represent the primary source of care for their children, especially when the children are young. In 1993, there were 3.1 million children under aged 12 years. Of these children, 51% received care exclusively from a parent or parents. However, the past decade has seen the steady decline in the use of exclusive parental care, reflecting changing patterns in workforce participation, education and training requirements of parents, and increased recognition of the benefits of good quality care for children.

While parents are seen as the major providers of care for children aged 11 and under, they are not the sole providers. Corresponding with the fall in parental care over the past decade is the increased use of both formal and informal child care. Between 1984 and 1993, the proportion of children aged 11 and under receiving some kind of formal care rose from 12% to 19%. This included exclusive formal care and the use of both formal and informal care. Formal child care is defined as care that is regulated and occurs away from the child's home, such as Long Day Care and Family Day Care. In 1993, 596,200 children used formal care.

Informal child care is defined as non-regulated care either in the child's home or elsewhere. It includes care given by family members (other than parental care), friends or neighbours, and paid baby-sitters. Between 1984 and 1993, the use of informal care arrangements also increased, from 30% of children under 12 years in 1984 to 38% in 1993. This included exclusive informal care and the use of both formal and informal care. In 1993, almost 1.2 million children used informal care arrangements.

Family members, particularly grandparents, play a fundamental role in the informal care of children aged 11 and under. In three-quarters of both couple and one parent families using informal care arrangements, a family member was the main provider of informal care. Overall, grandparents accounted for more than half of all the main carers. Grandmothers were the main providers of informal child care in 44% of couple families and 34% of one parent families who used informal care. Other relatives were the main providers of informal care in 18% of families while neighbours/ friends were also an important source of child care (22%) in both family types.

In almost 12% of one parent families the non-resident parent (usually the father) was the main

provider of informal child care.

7.18 Families which received informal child care - by main provider of informal child care, 1992

Main provider of informal child care	Couple family	One parent family
(%)		
Non-usually resident spouse	*0.5	11.6
Grandparents		
Grandmothers	44.1	*34.2
Grandfathers	*2.1	*2.4
Total grandparents	46.2	(a)36.6
Parents	9.5	6.4
Other relatives	17.8	19.1
Total family carers	74.0	73.7
Neighbour/friend	21.3	22.5
Other	*4.7	*3.8
Total families using informal care	100.0	100.0
('000)		
Families using informal care	967.1	190.5

(a) Includes paternal and maternal grandparents in lone father families.

Source: Unpublished data from the ABS Survey of Families in Australia, 1992.

7.19 Trends in the use of formal and informal child care

Type of care used	1984	1987	1990	1993
(%)				
Formal care only	8.7	9.1	9.3	11.0
Informal care only	26.1	31.7	33.9	29.4
Formal & informal care	3.7	6.6	8.4	8.3
Neither formal nor informal care	61.5	52.6	48.4	51.2
Total	100.0	100.0	100.0	100.0
('000)				
Total children	2,897.4	2,887.9	3,003.7	3,085.9

Source: Unpublished data from the ABS National Child Care Survey, 1993.

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